MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09/34731/ APPLICANT(S)

FILING DATE

| | 1 | | | | | | CLAIMS | | | | | | | |
|-----------------|----------|---------------|---------------------|--------------|------------------------|------------|----------|-----------------|--------------|--|--|--|----------------|----------------|
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| 31 | | $\Box a$ | | | | | h | 81 | | 0 | | | | |
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| 43 | | 0 | | | | | | 93 | | | | | | |
| 44 | | (Î) | | | | | <u> </u> | 94 | | t | | | | |
| 45 | | 0 | | | | | F | 95 | | | | | | |
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| TOTAL IND. | | I. | | 1 | | | F | TOTAL IND. | 1.1 | | | \longrightarrow | | |
| TOTAL | | ' ' | | - * } | | - 1 | | IND. TOTAL | 14 | _I | | | | — 1 |
| DEP. | | N. S. SERVICE | 100 | Patrician / | | | | DEP. | 101 | _ | | - [| | — |
| TOTAL CLAIMS | | 100 | | 10/4 X | | MAKE | | TOTAL CLAIMS | 11.5 | 1 | | | | " Partie |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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